

Case Number:	CM15-0071624		
Date Assigned:	04/21/2015	Date of Injury:	07/23/2013
Decision Date:	07/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 23, 2013. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for a bone growth stimulator, front wheeled walker, 30-day rental of a TENS unit, and 30-day rental of a DVT prophylaxis device of some kind. The claims administrator referenced a RFA form received March 12, 2015 in its determination, along with a progress note of January 3, 2015. The claims administrator stated that it had not been furnished with the applicant's surgical history. The claims administrator's determination was quite difficult to follow. It was not clearly established whether the request represented postoperative request or request of preoperative treatment. The applicant's attorney subsequently appealed. In a March 24, 2015 progress note, the applicant reported ongoing complaints of low back pain attributed to lumbar spinal stenosis with associated instability. The applicant had apparently received authorization to undergo a two-stage anterior-posterior fusion at the L3-L5 levels, it was reported. The attending provider sought authorization for a preoperative cardiology clearance owing to the applicant's comorbidity of hypertension. The applicant was placed off of work, on total temporary disability. It appeared, thus, that the requests at hand, in fact, were postoperative requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bone growth stimulator unit for purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems, Bone growth stimulators (BGS).

Decision rationale: Yes, the proposed bone growth stimulator purchase was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODG's Low Back Chapter Bone Growth Stimulators topic does acknowledge that one of the criteria for pursuit of a bone growth stimulator is evidence that an applicant is set to undergo a multilevel fusion surgery. Here, the attending provider did seemingly suggest that the applicant was scheduled to undergo a multilevel lumbar fusion surgery at L3-L4 and L4-L5 in his progress note of March 21, 2015. Concomitant provision of a bone growth stimulator was, thus, indicated to promote fusion consolidation postoperatively. Therefore, the request is medically necessary.

Front wheel walker for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power mobility devices (PMDs) Page(s): 99.

Decision rationale: The request for a front wheeled walker, conversely, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 12, page 301 notes that every attempt should be made to maintain an applicant at maximum levels of activity, including work activities. The request for a walker, either preoperatively or postoperatively, thus, runs counter to ACOEM principles and parameters as it suggests that the attending provider endorse the applicant's minimizing activities postoperatively. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines notes that canes, walkers, and/or manual wheelchairs can be employed to ameliorate functional mobility deficits, here, however, the March 21, 2015 progress note did not outline the presence of significant functional mobility deficit. The applicant's gait was not clearly described on that date, although it did not appear that the applicant was using any kind of assistive device preoperatively. It was not, thus, necessarily inevitable that the applicant would require a walker for postoperative use purposes. Therefore, the request is not medically necessary. While this was, strictly speaking, a postoperative request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since ACOEM Chapter 12, page 301 and page 99 of the MTUS Chronic Pain Medical Treatment Guidelines did address the issue at hand, they were therefore invoked.

Transcutaneous electrical nerve stimulation unit x 30 days rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

Decision rationale: The request for a 30-day TENS unit rental, conversely, was medically necessary, medically appropriate, and indicated here. As with the other request, the request was framed as a postoperative request following planned multilevel lumbar fusion surgery. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that TENS units are recommended as an option in the treatment of acute postoperative pain in the first 30 days following surgery. Here, the request was framed as a request for postoperative usage of the TENS device following planned multilevel lumbar fusion surgery. Therefore, the request was medically necessary. As with the preceding request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 116 of the MTUS Chronic Pain Medical Treatment Guidelines did address the topic of postoperative usage of the TENS unit at issue, it was therefore invoked.

Deep vein thrombosis care- personal circulation assistant x 30 days rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1268573-overview#showall> Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery.

Decision rationale: Finally, the request for a DVT circulation device 30-day rental was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, Medscape and the American College of Chest Physicians (ACCP) notes that antithrombotic prophylaxis following elective spine surgery, as was scheduled here, is "not recommended" in applicants who have no additional risk factors. Here, there was no mention of the applicant's having risk factors for development of a DVT. The applicant's only known comorbidity was hypertension, the treating provider reported on March 21, 2015. There was no mention of the applicant's having issues with blood dyscrasias, previous DVT, neoplasm, etc., which would have compelled provision of the DVT prophylaxis device at issue. The attending providers likewise failed to furnish compelling evidence to offset the unfavorable Medscape and ACCP positions on the article at issue. Therefore, the request is not medically necessary.